Vitamins and atherosclerosis. The introduction of Vitamin D into the investigation of atherosclerosis raises the question of the role of other vitamins. Spittle subsequently wrote a letter to the Editor of Lancet (April 8, 1972), recalling the long association between Vitamin C and atherosclerosis.

ATHEROSCLEROSIS AND VITAMIN C

SIR,—Dr. Morin (March 11, p. 594) feels that I may be overoptimistic in attributing[9] the rise in serum-cholesterol after vitamin C in patients with atherosclerosis to arterial mobilisation, and that perhaps there is a potential danger in the administration of large doses of vitamin C.

It is of interest that my first observations were made with fruits and vegetables, before I realised that the active agent was vitamin C. Even with these much smaller quantities of vitamin C, I was able to produce the same effects. It was with healthy older people on a vitamin-C-rich diet that I first saw the rise in level which led me to investigate the patients. It is true that many of the patients were having other therapy as well as vitamin C, but this cannot be said of the healthy subjects.

There are some features which add very strong supportive evidence to my conclusion that vitamin C is the only factor involved in atherosclerosis.

Carnivorous animals do not have atherosclerosis, and they synthesise their own vitamin C. It is possible to give them atherosclerosis without giving a deliberately atherogenic diet. This has happened in the Philadelphia Zoological Gardens.[10] Lesions were noticed about five years after the introduction of improved diets for the animals. This is the only instance that I am aware of which compares with the fate of the human who embarks on a "westernised" diet, and it shows that animals behave in the same way as humans when the balance between vitamin C and fats is disturbed.

There is a seasonal variation in deaths from myocardial infarction,[11] which coincides with our maximum and minimum consumption of vitamin C.

Two standard measures are advocated for all coronary patients in the interests of preventing a further attack; to give up smoking and to lose weight. Both these measures increase the available vitamin C—the second by its abundance in a low-calorie diet.

Recently, I did a necropsy on a man who had been in a mental hospital since the age of 12 years. He had been having vitamin supplements since admission. He died at the age of 62 years, from drowning. His arteries were clean.

I should like to emphasise again that Sokoloff[12] in his series had no recurrence of myocardial or cerebral infarction with vitamin-C treatment in 2½ years, and he states that 50% of his 50 patients were a lot better. This, surely, is consistent with an arterial "decoke".

We should start a large-scale trial of this substance in patients with atherosclerosis.

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